

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE * BKRTCY. NO. 18-04639 MCF
WANDA IVELISSE HERNANDEZ DE LA ROSA* CHAPTER 7
DEBTORS *

**DEBTORS' NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"
(OFFICIAL FORMS 106I & 106J)**

TO THE HONORABLE COURT:

COMES NOW, WANDA IVELISSE HERNANDEZ DE LA ROSA, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtor is hereby submitting ***Amended Schedules "I" and "J" Official Forms 106I and 106J***, dated April 29, 2019, herewith and attached to this motion.
2. The Amended Schedule "I" is filed to include Debtor's actual household income and the Amended Schedule "J" is filed to state the Debtor's current household monthly expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

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Notice of Amended Schedules "I" & "J"
Case no. 18-04639 MCF7

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 29th day of April, 2019.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR PETITIONER
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfigueroa@rfclawpr.com

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | <u>WANDA IVELISSE HERNANDEZ DE LA ROSA</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | <u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u> |
| Case number (if known) | <u>3:18-bk-4639</u> |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | <u>Office Worker</u> | |
| Employer's name | <u>Corp del Fondo del Seguro del Estado</u> | |
| Employer's address | <u>PO Box 365028 San Juan, PR 00936-5028</u> | |

How long employed there? 32 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>5,208.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>5,208.00</u> | \$ <u>N/A</u> |

Debtor 1 HERNANDEZ DE LA ROSA, WANDA IVELISSE

Case number (if known) 3:18-bk-4639

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|---|
| Copy line 4 here | 4. \$ <u>5,208.00</u> | \$ <u>N/A</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>450.88</u> | \$ <u>N/A</u> |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5e. Insurance | 5e. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5h. Other deductions. Specify: <u>Seguro AEELA</u> <u>Aport Emp Cta Ahor AEELA</u> <u>Aport Seg p/Incap Compu</u> <u>C Union Empleados CFSE</u> <u>Prest Asoc Empl Ela</u> <u>4903</u> <u>Retiro</u> | 5h.+ \$ <u>6.50 + \$ 156.24</u> <u>\$ 13.02</u> <u>\$ 24.00</u> <u>\$ 0.00</u> <u>\$ 0.00</u> <u>\$ 442.68</u> | \$ <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ <u>1,093.32</u> | \$ <u>N/A</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>4,114.68</u> | \$ <u>N/A</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8b. Interest and dividends | 8b. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8d. Unemployment compensation | 8d. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8e. Social Security | 8e. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8g. Pension or retirement income | 8g. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8h. Other monthly Income. Specify: <u>Christmas Bonus</u> | 8h.+ \$ <u>50.00 + \$ 50.00</u> | \$ <u>N/A</u> |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ <u>50.00</u> | \$ <u>N/A</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ <u>4,164.68 + \$ N/A</u> | = \$ <u>4,164.68</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. +\$ <u>0.00</u> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 12. \$ <u>4,164.68</u> | |
| 13. Do you expect an increase or decrease within the year after you file this form? | <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | |
| Combined monthly income | | |

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | <u>WANDA IVELISSE HERNANDEZ DE LA ROSA</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | <u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u> |
| Case number (if known) | <u>3:18-bk-4639</u> |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Son 25

No

Yes

No

Yes

No

Yes

No

Yes

Son 22

GrandSon 19

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)



4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 284.00

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 130.00
4d. \$ 0.00
5. \$ 0.00

| | |
|--|--|
| Debtor 1 <u>HERNANDEZ DE LA ROSA, WANDA IVELISSE</u> | Case number (if known) <u>3:18-bk-4639</u> |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>240.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>38.64</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>374.00</u> |
| 6d. Other. Specify: <u>Gas (dryer)</u> | 6d. \$ <u>43.00</u> |
| 7. Food and housekeeping supplies | |
| 7. \$ | <u>1,071.63</u> |
| 8. Childcare and children's education costs | |
| 8. \$ | <u>255.00</u> |
| 9. Clothing, laundry, and dry cleaning | |
| 9. \$ | <u>120.00</u> |
| 10. Personal care products and services | |
| 10. \$ | <u>120.00</u> |
| 11. Medical and dental expenses | |
| 11. \$ | <u>480.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | |
| 12. \$ | <u>389.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | |
| 13. \$ | <u>140.00</u> |
| 14. Charitable contributions and religious donations | |
| 14. \$ | <u>40.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>0.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | |
| 16. \$ | <u>0.00</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | |
| 18. \$ | <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | |
| 19. \$ | <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |
| 21. Other: Specify: <u>Annual Car Registration \$184/12</u> | |
| <u>Annual Car Registration \$169.00/12</u> | |
| <u>Barber (Debtor & Sons)</u> | |
| <u>Emergency Funds</u> | |
| <u>Eyeglasses expenses \$300/12</u> | |
| <u>Eye glasses expenses \$600/12/Dependents</u> | |
| <u>Family Help/Daughter</u> | |
| <u>Pets</u> | |
| 22. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | \$ <u>4,164.68</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>4,164.68</u> |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>4,164.68</u> |
| 23. Calculate your monthly net income. | |
| 23a. Copy line 12(your combined monthly income) from Schedule I. | \$ <u>4,164.68</u> |
| 23b. Copy your monthly expenses from line 22c above. | \$ <u>4,164.68</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | \$ <u>0.00</u> |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | |
| <input checked="" type="checkbox"/> No. | |
| <input type="checkbox"/> Yes. | Explain here: _____ |

| | | |
|---|---|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | WANDA IVELISSE HERNANDEZ DE LA ROSA | |
| | First Name | Middle Name |
| Debtor 2 (Spouse if filing) | Last Name | |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICO, SAN JUAN DIVISION | |
| Case number (if known) | 3:18-bk-4639 | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ WANDA IVELISSE HERNANDEZ DE LA ROSA
WANDA IVELISSE HERNANDEZ DE LA ROSA
Signature of Debtor 1

X _____
Signature of Debtor 2

Date April 29, 2019

Date _____

Label Matrix for local noticing

0104-3

Case 18-04639-MCF7

District of Puerto Rico

Old San Juan

Mon Apr 29 10:18:31 AST 2019

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

BANCO POPULAR PR

FORTUNO & RIVERA FONT LLC

PO BOX 13786

SAN JUAN, PR 00908-3786

UNITED STATES TRUSTEE

500 TANCA ST STE 301

SAN JUAN, PR 00901-1922

AEELA

PO Box 364508

San Juan, PR 00936-4508

BANCO POPULAR DE PUERTO RICO

BANKRUPTCY DEPARTMENT

PO BOX 366818

SAN JUAN PR 00936-6818

Banco Popular de Puerto Rico

Mortgage Servicing Department

PO Box 362708

San Juan, PR 00936-2708

Banco Popular de Puerto Rico

PO Box 362708

San Juan PR 00936-2708

DEPARTMENT OF TREASURY

BANKRUPTCY SECTION 424 B

PO BOX 9024140

SAN JUAN, PR 00902-4140

Departamento de Hacienda

PO Box 9024140

San Juan, PR 00902-4140

Firstbank Pr

San Juan, PR 00908

(p) JEFFERSON CAPITAL SYSTEMS LLC

PO BOX 7999

SAINT CLOUD MN 56302-7999

Synchrony Bank
c/o of PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

ALEJANDRO OLIVERAS RIVERA
CHAPTER 13
PO BOX 9024062
SAN JUAN, PR 00902-4062

MONSITA LECAROZ ARRIETAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

NOREEN WISCOVITCH RENTAS
PMB 136
400 CALAF STREET
SAN JUAN, PR 00918-1314

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

WANDA IVELISSE HERNANDEZ DE LA ROSA
RR4 BOX 2888
BAYAMON, PR 00956-9453

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Jefferson Capital Systems LLC
Po Box 7999
Saint Cloud Mn 56302-9617

End of Label Matrix
Mailable recipients 17
Bypassed recipients 0
Total 17